



1. Authority to do Business:

Each Applicant must provide a copy of the following documents:

- ☐ A Certificate of Good Standing issued by the Delaware Secretary of State that is dated within the past 12 months and which certifies that the Applicant is in good standing and qualified to do business in Delaware.

Provided in Exhibit 1

- ☐ A copy of the Applicant's Delaware Business License certifying that the Applicant is registered and/or qualified to do business in Delaware.

Provided in Exhibit 1

2. Delaware Registered Agent:

Each Applicant must provide a written designation of the name and address of a person who resides within the State of Delaware upon which service of any notice, order or process may be made. This information must be updated if changed.

*The Corporation Trust Company
1209 Orange Street – Corporation Trust Center
Wilmington, Delaware 19801*

3. Compliance with Regional Requirements:

- ☒ Applicant agrees to work with only an entity that complies with PJM's requirements and is a Certified Electric Supplier in Delaware.

Financial, Operational, Managerial and Technical Ability. Each Applicant must present substantial evidence supporting their financial, operational, managerial and technical ability to render service within the State of Delaware.

4. Certified Financial Statements or other indicia of financial capability:

☐ Provide copies of certified financial statements (such as a balance sheet, income statement, and statement of cash flows). These certified financial statements should be dated within twelve (12) months of the date of filing the application.

Provided in Exhibit _____

☒ Other indicia of financial capability submitted in support of the application. These other documents should be dated within twelve (12) months of the date of filing the application.

Provided in Exhibit _____

Retail Energy Exchange (REX) is a wholly owned subsidiary of NRG Energy, Inc. NRG Energy, Inc. financial statements can be found at <http://investors.nrg.com/phoenix.zhtml?c=121544&p=irol-fundSnapshot>

5. Description of the nature of the business being conducted: Description of service, types of customers and geographic area to be served.

Description of service: *See Exhibit 2*

Types of Customers: *Check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Large Commercial |
| <input checked="" type="checkbox"/> Industrial | <input checked="" type="checkbox"/> Small Commercial |

Geographic Area: *Applicant should check one or both*

- ☒ Delmarva Power & Light Service Territory
☒ Delaware Electric Cooperative Services Territory

6. States in which the Applicant is presently selling electric supply services or providing broker services: Please provide a list of all states in which the Applicant (or any of its affiliated interests) is presently selling electric supply service to Retail Electric customers, the type of license, and the license number.

See Exhibit 3

7. States in which the Applicant has any pending applications: Please provide a list of all states in which the Applicant (or any of its affiliated interests) has pending applications to sell electric supply service to Retail Customers, the status of the application, and the commission docket number (if available):

State: _____ Status: _____ Type of License: _____ License No: _____
 State: _____ Status: _____ Type of License: _____ License No: _____
 State: _____ Status: _____ Type of License: _____ License No: _____
 State: _____ Status: _____ Type of License: _____ License No: _____
 State: _____ Status: _____ Type of License: _____ License No: _____

**If additional space is required, please attach additional sheets of paper to the application as necessary.*

Provided in Exhibit N/A

- 8. List of states in which Applicant has been denied approval and/or had authority revoked.** Please provide a list of all state in which the Applicant (or any of its affiliated interests) has been denied approval by a state Commission to sell electricity to Retail Electric Customers or has had its authority revoked.

State: _____ Date: _____
 State: _____ Date: _____

**If the Applicant has been denied approval or had its authority revoked by a state Commission, please provide a detailed explanation for each state.*

☐ Provided in Exhibit _____

☒ Applicant has never been denied approval or had its license revoked

- 9. List of states in which Applicant has withdrawn the application.** Please provide a list of all states in which the Applicant (or any of its affiliated interests) has withdrawn an application for certification.

**If the Applicant has withdrawn an application please provide a detailed explanation for the withdrawal for each state.*

☐ Provided in Exhibit _____

☒ Applicant has not withdrawn any applications

- 10. Relevant operational experience of each principal officer or managing member responsible for Delaware operations.** In order to fulfill the requirements of the Supplier Rules, an Applicant must present substantial evidence of technical and managerial ability by

submitting, in an attachment, detailed resumes of each principal officer or managing member responsible for operations in Delaware.

☒ Provided in Exhibit __4__

11. Bankruptcy disclosure:

☒ Neither the Applicant nor any of its affiliated interests has filed for bankruptcy in the past 24 months.

☐ Exhibit _____ for an explanation of any bankruptcy proceedings filed by the Applicant or any of its affiliated interests in the past 24 months.

12. Any other information:

☐ Other material submitted in support of the application.
Provided in Exhibit _____

☒ No other supporting material is provided.

13. Verification of Application: The application must be verified by a principal or officer of the Applicant. *(See Attachment A for an example)*

☒ Verification is provided in Exhibit __5__

14. Consent to Jurisdiction: All Electric Suppliers shall consent to the jurisdiction of the Delaware courts for acts or omissions arising from their activities in the State.
BY (signature):

TYPED /PRINTED NAME:

TITLE:

15. Legal name of Applicant and any fictitious name under which the Applicant proposes to do business in Delaware.

Energy Choice Solutions LLC

Full legal name of Applicant

Any fictitious name or "doing business as" (a/k/a) name:

Retail Energy Exchange; Retail Energy Xchange

☐ Applicants with a fictitious name must submit a copy of the Registration of Trade, Business & Fictitious Name Certificate for each of the three Delaware counties in which the Applicant proposes to do business.

☒ Provided in Exhibit 1

16. Home state of Applicant and contact information.

Delaware

State of Incorporation or Formation of Applicant

211 Carnegie Center, Princeton, NJ 08549

Physical Business Address

Scott Hart, President

Name and Address of Principal Officer or Managing Member

17. Name, title, and telephone number of a Regulatory Contact Person: This person will ordinarily be the initial point of contact for resolving complaints filed with the Commission. The Commission will also send any correspondence to this person. This information is required to be updated if there are any changes.

Les Montgomery

Name of Regulatory Contact

Director of Operations

Title

(469) 708-4211

Telephone Number

lmontgomery@contactrex.com

Email Address

18. Toll-free telephone number of Applicant's customer service department: This telephone number will be listed on the Commission's website as a resource for existing and potential customers.

____(888) 762-7819_____
Toll-free customer service telephone number

19. Criminal activities statement:

☐ A statement detailing any criminal activities of which the Applicant or any of its affiliated interests has been charged or convicted, or which the principal or corporate officers of the Applicant or any of its affiliated interests has been charged or convicted. Provided in Exhibit _____

☒ Neither the Applicant nor its affiliated interests has been charged or convicted of any criminal activities.

20. Waiver of certification requirements: This section is applicable only to Applicants who request a waiver of any of the regulatory requirements.

* Please note that not all regulatory requirements can be legally waived.

☐ Applicant requests a waiver of the requirements in Section(s) _____ of this application. Please provide a detailed explanation in support of the request for a waiver below:

☒ No waiver requested.